
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Maino, et al.

Attorney Docket No.: ANDIP004/
425452

Application No.: 10/034,367

Examiner: TESLOVICH, TAMARA

Filed: December 27, 2001

Group: 2137

Title: METHODS AND APPARATUS FOR
SECURITY OVER FIBRE CHANNEL

Confirmation No: 8712

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on September 2, 2008.

Signed: /Latonia Ervin
Latonia Ervin

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed August 1, 2008, finally rejecting Claims 1-24.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$255.00 (Small Entity) ☒ \$510.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

| <u>Months</u> | <u>Large Entity</u> | <u>Small Entity</u> |
|---|---------------------|---------------------|
| <input checked="" type="checkbox"/> one | \$120.00 | \$ 60.00 |
| <input type="checkbox"/> two | \$460.00 | \$230.00 |
| <input type="checkbox"/> three | \$1,050.00 | \$525.00 |

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

| | |
|------------------------|----------|
| Notice of Appeal Fee | \$510.00 |
| Extension Fee (if any) | \$120.00 |
| Total Fee Due | \$630.00 |

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ The Commissioner is authorized to charge the required fees, and/or any additional fees or credit any overpayment to Deposit Account No. 504480, (Order No. ANDIP004/425452).

Respectfully submitted,
Weaver Austin Villeneuve & Sampson LLP

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